

expect them to show as much heroism as the dedicated dissident. The evil that they do is to imply that honest social and political criticism is so much lunacy. When all is said the cruelty and wickedness of the Soviet tyranny does not approach the monstrous cruelty and wickedness of the Nazi tyranny. Dr Bloch and Mr Reddaway hope that humane psychiatric values will ultimately prevail, when all imprisoned dissenters would be held in labour camps and none in hospitals. This would be very good for the fair name of psychiatry; but it might deprive the prisoners of some of their friends. Surely, our criticism of the Russian tyranny must go far deeper than this.

ELIOT SLATER

Doing Better and Feeling Worse: Health in the United States

Edited by John H Knowles, MD
President of the Rockefeller Foundation
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Throughout the Western world there is considerable anguish about the proportion of resources spent on health services. There seems to be no limit to the treasure that can be poured into medicine, and the results in terms of better health and reduced mortality are not strikingly noticeable. Our own Department of Health and Social Security, and Scottish Home and Health Department have made their contributions both to the expenditure and to the subsequent heart-searching. They have published their opinions in red, white and blue papers.^{1,2,3} Briefly, they imply that since the care of the sick is too expensive, more effort will have to be put into prevention and, since most modern illness is the result of individual behaviour, it is up to each of us to promote our own health by stopping smoking, cutting down drinking, eating less, taking more exercise, avoiding the risk of VD, and preventing unwanted pregnancies.

No matter how effective prevention is, there will always be sick and disabled people. Some of these now get ready access to care and treatment. For the rest there are difficulties. Some may spend a time on a waiting list, others may have to forego treatment altogether. Medical

people may be unaware of the importance of their condition, or unwilling to treat it.

The medical profession collectively, knows a great deal about its successes and failures in patient care and treatment. On the other hand, patients know how they feel, what is troublesome, and what they would like made better. Some means is needed to bring these two important kinds of knowledge together, so that doctors are organised to apply their skills and technology to patients' needs.

The management of our National Health Service has completely failed to do this. It is a group of corporate bodies appointed by ministers on the statutory advice of various institutions. It looks on people as objects of pity and concern and not as co-operating subjects. Even community health councils which are supposed to represent the public, are largely appointed by the health authorities, the very bodies they are to monitor. These, as administrative arrangements, are more reminiscent of Mussolini's corporate state than institutions in a democratic society.

Evidently the United States is no better. Theoretically you can pay there for what you want either directly, with your own cash, or through one of the commercial or state insurance agencies. In fact, you can only pay for what is on offer and the ordinary consumer has no more say about what is offered than he has in the British National Health Services.

There is as little choice in the matter of prevention. Advertising and other commercial pressures help to determine much of our personal behaviour especially for those who are least educated and for those whose lives are otherwise limited. The real skill in prevention must be in helping us to overcome the need for a chemical or other veil between ourselves and reality. It is not only cigarettes and alcohol that provide this defence against the unbearable. The National Health Service with its prescriptions for hypnotics and tranquillisers plays its part.

Life should be fulfilled in work and leisure and leisure should be recreation and not self-destruction. A scientific approach to prevention seeks to identify the social pressures that determine behaviour, and to change them.

Fifteen of the twenty essays in this

book are by medical men, of the remainder, three at least are by economists. One cannot resist the temptation to say that, at least in the case of the medical men, the subject matter – increasing costs of medical technology – is love of their business. It is up to the profession to say what it can do to promote health and care for sick people and to state its material and manpower needs to do this conscientiously and honestly. It is for finance experts to count the cost and for politicians on the advice of these two groups, having ascertained their constituents' needs, to say yes or no. Democratic opportunities for choice in health services, and democratic responsibility for the determination of priorities are the answer to this particular dilemma.

This is an interesting book in that it gives valuable insights into the feelings of US doctors and their attitudes to the way they have to work. It shows a major concern for the needs and demands of patients but only as they are seen by doctors and not at all, as the title would imply, as felt by patients.

References

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- ²*The Health Service in Scotland. The Way Ahead.* (1976). Scottish Home and Health Department. HMSO.
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DONALD CAMERON

Medical Encounters: The Experience of Illness and Treatment

Edited by Alan Davies and Gordon Horobin, Croom Helm, London, 1977.

It is not often that doctors and nurses are able to see themselves through the eyes of patients who have had a similar educational background. This book does just this for them. It contains sympathetic and challenging accounts of some of the heartless